



Department of Defense **INSTRUCTION**

July 5, 1996
NUMBER 1341.10

USD(P&R)

SUBJECT Ready Reserve Mobilization Income Insurance Program (**RRMIIP**) Procedures

References: (a) Title 10, United States Code

(b) DoD 7000. 14-R, "DoD Financial Management Regulation", Volume 7A, "Military Pay, Policy, and Procedures Active Duty and Reserve Pay," December 1994, authorized by DoD Instruction 7000.14, November 15, 1992

(c) DoD Instruction 1235.12, "Accessing the Ready Reserve," January 19, 1996

A. PURPOSE

This Instruction implements policy, assigns responsibilities, and prescribes procedures under Chapter 1214 of title 10, **U.S.C.** (reference (a)) for management of the Department of Defense **RRMIIP**.

B. APPLICABILITY

This Instruction applies to the **Office** of the Secretary of Defense and the Military Departments (including the Coast Guard when it is not operating as a Military Service in the Navy by agreement with the Department of Transportation). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, the Marine Corps, and the Coast Guard.

C. POLICY

It is DoD policy that each Military Service, in accordance with reference (a), shall establish for members of the Ready Reserve an insurance program to be known as the "Ready Reserve Mobilization Income Insurance Program."

D. RESPONSIBILITIES

1. The Under Secretary of Defense for Personnel and Readiness shall ensure that:

a. The Deputy Under Secretary of Defense for Requirements and Resources shall ensure that the Board of Actuaries:

(1) Carries out periodic reviews of the insurance program and determines methods and assumptions for the Secretary of Defense to use in establishing premium rates for the **RRMIIP**.

(2) Determines annually the effect of inflation on benefits and recommends to the Secretary of Defense **adjustments** to maintain the constant dollar value of the benefit.

b. The Assistant Secretary of Defense for Reserve Affairs shall:

(1) Monitor compliance with this Instruction in accordance with Chapter 1214 of title 10, U.S.C. and DoD 7000.14 (references (a) and (b)).

(2) Announce the insurance premium rates on an annual basis as approved by the Secretary of Defense.

2. The Under Secretary of Defense (Comptroller)/Chief Financial Officer shall:

a. Provide advice and oversight responsibility for financial management of the **RRMIIP** within the Department of Defense through coordination with the Assistant Secretary of Defense for Reserve Affairs (**ASD(RA)**) and the DoD Board of Actuaries.

b. Ensure that the Defense Finance and Accounting Service provides the Military Departments with instructions, reviews, and assistance in the financial management of the insurance program.

c. Regularly update reference (b) with current **RRMIIP** financial information and procedures.

3. The Secretaries of the Military Departments shall:

a. Publish guidance to implement this Instruction.

b. Administer the **RRMIIP** for their Reserve component(s) in accordance with references (a) and (b).

c. Ensure that members of the Ready Reserve are notified in writing about their rights and options under this program.

E. PROCEDURES

1. Entitlement to Benefits

a. An insured member ordered involuntarily into covered service is entitled to payment of a benefit for each month (and **fraction thereof**) **after** a 30-day period of covered service, except that no member may be paid a benefit for more than 12 months during any period of 18 consecutive months. The active duty order must specify that the member's service is involuntary. Proof of loss of income or expenses incurred as a result of covered service is not required.

b. Insufficient Assets. If, at any time, assets of the Reserve Mobilization Income Insurance Fund are expected to be **insufficient** to pay the insurance benefits, the Secretary of

Defense shall request the President to submit to the Congress a request for a special appropriation to cover the insufficiency. If such appropriation is not made, the Secretary of Defense shall reduce the amount of benefits paid to a total amount that does not exceed the assets of the Fund by the end of the fiscal year. Benefits that cannot be paid because of such a reduction shall be deferred and may be paid only after and to the extent that additional funds become available.

2. Enrollment. Election. and Amounts of Benefits

a. Enrollment

(1) On or after October 1, 1996, and upon first becoming a member of the Ready Reserve, a member is automatically enrolled for the basic benefit amount of \$1,000 per month or an amount as adjusted under subparagraph E. 2. c. (2), below. The member may also elect from other options listed in subparagraph E. 2. b (2), below.

(2) Members of the Ready Reserve, as of September 30, 1996, other than members ineligible under subparagraph E. 2. a. (6), below, shall be offered an opportunity to enroll for coverage under the insurance program.

(3) A member under subparagraph E. 2. a. (1), above, who fails to complete the enrollment process within 60 days after being automatically enrolled or a member under subparagraph E. 2. a. (2), above, who fails to complete the enrollment **processs** within 60 days after being offered the opportunity to enroll shall be considered as having declined to be insured under the insurance program.

(4) A member of the Ready Reserve, ineligible to enroll under subparagraph E. 2. a. (6), below, shall be afforded an opportunity to enroll in accordance with subparagraphs E. 2. a. (2) and (3), above, upon being released from active duty or upon becoming subject to mobilization, if the member has not previously declined to be insured under subparagraphs E. 2. a. (1) or (2), above.

(5) All members must complete a "Ready Reserve Mobilization Income Insurance Certificate," DD Form 2746, **Jul 96**, enclosure 2 (Sample) to confirm their acceptance of coverage, or to change their name, designate or update **a** beneficiary and/or designated recipient, change the amount of coverage, or decline coverage. An electronic version of the form is available on the World Wide Web (**WWW**) under DefenseLINK, Publications.

(6) Members Ineligible To Enroll. Members of the Ready Reserve serving on full-time active duty in a Military Service, including **full-time** National Guard duty, are ineligible to enroll. Such duty includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the **Military** Department concerned. Also ineligible to enroll are members of the Ready Reserve who are not subject to mobilization or those who are non-deployable in accordance with to DoD Instruction 1235.12 (reference (c)). The Secretary of Defense may define any additional category

of members of the Ready Reserve to be included or excluded from eligibility to purchase insurance under this program.

b. Election of Benefits

(1) The amount of a member's monthly benefit under an enrollment shall be the basic benefit amount of \$1,000 per month as adjusted under subparagraph E. 2, c (2), below, unless the member elects a different amount ~~from~~ the benefit amounts listed in subparagraph E. 2. b. (2), below.

(2) A member who is automatically enrolled or a member who is offered the opportunity to enroll may make an election within 60 days of the ~~first~~ day of the ~~first~~ full month after such automatic enrollment or of being offered the opportunity to enroll. Members may **elect**:

(a) A reduced coverage amount equal to one-half the amount of the basic benefit amount

(b) An enhanced benefit in the amount of \$1,500,\$2,000,\$2,500, \$3,000,\$3,500, \$4,000,\$4,500, or \$5,000 per month as adjusted under subparagraph E. 2. c (2), below,

(c) To decline enrollment.

(3) A member who is enrolled or who is offered coverage may at any time after their initial election make subsequent elections to:

(a) Reduce coverage to a lesser amount in \$500 increments, as adjusted under subparagraph E. 2. c (2) below, (reduced coverage amounts cannot be later increased); or

(b) Cancel enrollment.

(4) Elections Irrevocable. An election to decline insurance pursuant to subparagraph E. 2a. (1) or (2), above, may not be revoked. EXCEPTION: A member of the Ready Reserve, who is ineligible to enroll because the member is serving on active duty (or full-time National Guard duty) when the program of insurance is first offered, is eligible to enroll when released from active duty unless the member has previously declined coverage pursuant to paragraph E. 2. a. (1) or (2), above. Also, a declination of insurance may be revoked when a member is discharged from the Ready Reserve or transfers to another Military Service. After being separated from the Military Service, an individual who rejoins the Ready Reserve is automatically enrolled in the insurance program in accordance with subparagraph E. 2. a. (1), above.

c. Amount of Benefits

(1) Partial Months. The amount of insurance payable to an insured member for a period of covered service less than one month is 1/30th of the monthly benefit amount multiplied by the number of days served.

(2) Adjustments. Benefit amounts shall be adjusted on an annual basis to offset the effect of inflation and maintain the constant dollar value of the benefit amounts. If the amount of a benefit adjustment is not evenly divisible by \$10, the amount shall be rounded to the nearest multiple of \$10, except that an amount evenly divisible by \$5 (but not by \$10) shall be rounded to the next lower amount that is evenly divisible by \$10.

3. premiums

a. To keep the program on an actuarially sound basis, the premium rates prescribed for the **first** year of the insurance program will be subject to change by the Secretary of Defense in subsequent years, in consultation with the Board. Premiums and subsequent changes in premiums shall reflect program administrative costs, program experience, or any other change in actuarial assumptions.

b. Recommendations. The Board will periodically review the insurance program and determine methods and assumptions for the Secretary of Defense to use in adjusting premium rates. The Board will conduct the first such review not later than twelve months after the program is established and annually thereafter, or at any time the Board determines that there has been a change in the adequacy of the Fund. premium rates approved by the **Secretary** of Defense and announced by the **ASD(RA)** shall be published in DoD 7000.14-R (reference (b)).

c. Effect of **Changed** Benefits. If at any time of an actuarial review there has been a change in benefits or coverage under the insurance program that has **occured** since the last such review, and such change in benefits or coverage increases or decreases the liabilities of the Fund, the Board shall determine methods and assumptions to adjust premium rates for the insurance program.

d. Collection and **Deposit** of Premiums

(1) The monthly premium for members in a pay status shall be deducted **from** the member's pay each month. For any month that a member in a pay status does not accrue pay, the member shall be billed for the premium amount due and submit a direct payment in accordance with procedures established by the Secretary of Defense.

(2) An insured member, not in a pay status, shall be billed quarterly in accordance with procedures established by the Secretary of Defense. Upon receipt of the bill, a member may opt to submit additional payments equal to a quarterly, semiannual, or annual premium amount.

(3) All premium payments must be paid in advance of the period for which the member is to be insured. Disposition of unearned premiums paid in advance shall be made **in** accordance with procedures established by the Secretary of Defense.

(4) Premium liability for a member who is automatically insured under subparagraph E. 2. a. (1), above, is incurred on the 1st day of the month after the 1st full month of automatic

coverage. For example, a member under subparagraph E. 2. a. (1), above, is automatically insured commencing the month of October. The 60 day period allowed for said member to complete the enrollment process is November 1 through December 30. The first monthly premium liability is for the month of December. The premium payment due for December is advanced by the Military Service and is paid into the Fund in accordance with subparagraph E. 3. d. (5), below. In this example, no premium liability is incurred for the months of October and November.

(5) The **Military** Service concerned shall advance to an insured member an amount equal to the **first** monthly insurance premium payment. The advance premium payment maybe paid out of appropriations for military pay. Such advance payment shall be collected from the member either by deducting the amount from pay due the member or by collecting it from the member directly. No disbursing or certifying officer shall be responsible for any loss resulting from such advance premium payment.

(6) A member who is automatically insured under subparagraph E. 2. a. (1), above, and who opts to decline the insurance coverage or who fails to complete the enrollment process at any time during the 60 day period after automatic enrollment, shall incur no liability for premium payment for any part of the 60 day period. The Military Service that has made an advance payment of premium **attributed** to said member will incur no liability for unearned premium and shall be allowed to recover such advance payment in accordance with procedures established by the Secretary of Defense.

(7) Premium amounts collected shall be paid directly to and shall be credited monthly to the Fund not later ~~than~~ 10 working days after the end-of-month payday for the month. The Military Services shall be credited for program administrative costs in accordance with procedures established by the Secretary of Defense in coordination with the DoD Board of Actuaries.

(8) The Military Service concerned shall establish procedures to satisfy the uncollected premium liability for an insured member who has no pay entitlement during an insured period for which a premium is due, to ensure timely payment into the Fund.

4. Termination. Forfeiture. Reinstatement

a. Termination. The coverage of a member under the insurance program shall be terminated without prior notice upon failure of a member to make the required payment of premiums for two consecutive months.

b. Forfeiture. A member convicted of mutiny, treason, spying, or desertion, or who refuses to perform service in the Armed Forces or refuses to wear the uniform of any Armed Force forfeits all rights to insurance **in** accordance with Section 12532 of Chapter 1214 of title 10, **U.S.C.** (reference (a)).

c. Reinstatement. Should a Military Service determine that a member's insurance coverage has been revoked due to an administrative error deemed to be no fault of the member, then the member's insurance may be reinstated when all premiums from the date of revocation are paid by the member.

F. INFORMATION REQUIREMENTS

1. Records and Reports. Current, accurate, and complete records shall be maintained identifying:

- a. Insured members.
- b. Effective period of coverage; benefit **amount**; and members who reduce their benefit amount, decline coverage, or are reinstated.
- c. All instructions, notifications, and other individual declarations or elections submitted by members in accordance with current record retention requirements. Records shall be made available to the Secretary of Defense upon request.
- d. Member collections and receivables.

2. Each Military Service shall retain a record of individual member counselings, coverage declarations, notifications, and other instructions pertinent to the insurance program.

3. Each Military Service shall designate in writing and inform the office of the ASD(RA) Manpower and Personnel of an **official** responsible for coordinating **RRMIIP** matters.

G. EFFECTIVE DATE

This Instruction is effective immediately.



Edwin Dorn
Under Secretary of Defense for
Personnel and Readiness

Enclosures -2

- 1. Definitions
- 2. DD Form Sample

DEFINITIONS

1. Active Duty (AD). Full-time duty with a Military Service including full-time National Guard duty.
2. Active Duty for Training (ADT). Full-time duty for training purposes with a Reserve component or the Reserve Officers Training Corps.
3. Beneficiary and/or Designated Recipient. The person or agent that the insured member designates in writing to receive benefit payments. A spouse, child, parent, heir, or other person with an insurable interest (i.e., business partner, friend, etc.) maybe designated. In addition, a member may direct that payments of insurance benefits be deposited with a bank or other financial institution to the credit of the designated person. If no such designation has been made, and the member is deceased, upon establishment of a valid claim the amount shall be payable in accordance with the laws of the State of the member's domicile.
4. Board of Actuaries. The term means the Department of Defense Education Benefits Board of Actuaries referred to in Section 2006 (e) (1) of title 10, U.S.C. (reference (a)).
5. Covered Service. The term means AD performed by a member of a Reserve component under an order to AD for a period of more than 30 days. The order must specify that the member's service
 - a. Is in support of an operational mission for which members of the Reserve components have been ordered to AD without their consent; or,
 - b. Is in support of forces activated during a period of war or national emergency declared by the President or Congress.
6. Fund. The term means the "Reserve Mobilization Income Insurance Fund" established by Section 12528 (a) of Chapter 1214 of reference (a).
7. Insurance Program. The term means the "Ready Reserve Mobilization Income Insurance Program" established under Section 12522 of Chapter 1214 of reference (a).
8. Insured Member. The term means a member of the Ready Reserve who is enrolled for coverage under the insurance program in accordance with Section 12524 of Chapter 1214 of reference (a).
9. Ready Reserve. Consists of the Selected Reserve, the Individual Ready Reserve, and the Inactive National Guard.

READY RESERVE MOBILIZATION **INCOME** INSURANCE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: P.L. 104-106, National Defense Authorization Act for FY 1996; and E.O. 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

PRINCIPAL PURPOSE(S): The form is used to record personal and other applicable information needed to enroll or decline enrollment in a program of insurance to protect against income loss resulting from involuntary recall to active duty (other than for training) for more than 30 days.

ROUTINE USE(SI): None.

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in the individual not participating in the insurance program.

S A M P L E

WHAT THE MEMBER SHOULD KNOW

This insurance is granted under the Ready Reserve Mobilization Income Insurance provisions of title 10 United States Code, Chapter 1214, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

Covered Service. Active duty (AD) performed by a member of a Reserve component under an order to AD for a period of more than 30 days. The AD order must specify that the member's service is involuntary and in support of an operational mission; or in support of forces activated during a period of war or national emergency declared by the President or Congress.

Entitlement to Benefits. An insured member shall be entitled to payment of a benefit for each month (and fraction thereof) of covered service that exceeds 30 days of covered service, except that no member may be paid a benefit for more than 12 months during any period of 18 consecutive months. Proof of loss of income or expenses incurred as a result of covered service is not required.

Insufficient Assets. If assets are insufficient to pay benefits the Secretary will request the President to submit to Congress a request for a special appropriation to cover the insufficiency. If an appropriation is not made, the Secretary will reduce the amount of benefits paid to a total amount that does not exceed assets of the Fund by the end of the fiscal year. Benefits not paid because of such reduction will be deferred and may be paid only after and to the extent that additional funds become available.

INSTRUCTIONS ON COMPLETING THIS FORM

1. Type or print in ink all items except where otherwise noted.

2. BENEFICIARY(IES)/Designated RECIPIENT(S) (B/DR(s))

A. A new election form must be completed to change your B/DR. You may name a spouse, child, parent, heir, or other person with an insurable interest (i.e., business partner, friend, etc.). In addition, You may direct that payments of benefits be deposited with a bank or other financial institution to the credit of the B/DR. If no such designation is made, and the member is deceased, upon establishment of a valid claim the amount will be payable in accordance with the laws of the State of the member's domicile.

B. If the B/DR is a married woman, use her own first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.

C. A named B/DR will NOT be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your B/DR cannot be changed by, and is not affected by, any other documents, such as a divorce decree or will.

D. If you name minor children as B/DR(s), the insurance will be paid to the court-appointed guardian of the children's estate.

SAMPLE

3. SOCIAL SECURITY NUMBER

Do not delay completing this form if you do not have a B/DR's Social Security number. The Social Security number helps us to locate the B/DR, but is not necessary.

4. SHARES TO EACH B/DR

If you name more than one B/DR, the sum of the shares must equal 100%, or the full dollar amount of your insurance.

| | | | | |
|----------|---------------|--------------|---------------|---------------|
| Example: | mother | \$500 | 50% | 1/2 |
| | <u>father</u> | <u>\$500</u> | or <u>50%</u> | or <u>1/2</u> |
| | Total | \$1,000 | 100% | 1 |

5. PROVISIONS FOR PAYMENT OF INSURANCE

A. If you name more than one principal B/DR and one or more predeceases you, the share(s) will be divided equally among the remaining principal B/DR(s), unless otherwise stated. If there are no surviving principal B/DR(s), the proceeds will be divided among the contingent B/DR(s).

B. If you do not name a B/DR, or if there are no surviving B/DR(s), or if you indicate that payment should be made by law, the proceeds will be paid in the following order:

1. Widow or widower.
2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child).
3. Parent(s) in equal shares or all to surviving parent.
4. A duly appointed executor or administrator of your estate.
5. Other next of kin.

6. WHAT YOUR B/DR(S) SHOULD KNOW

To establish a valid claim, your B/DR(s) should send a claim to the member's Military Service.

| READY RESERVE MOBILIZATION INCOME INSURANCE CERTIFICATE | | | | |
|--|---|---|---|---|
| (Please read the Privacy Act Statement and Instructions before completing this form.) | | | | |
| 1. USE THIS FORM TO: (X all that apply) | | | IMPORTANT: This form is for use by members of the Ready Reserve. This form does not apply to and cannot be used for any other Government Insurance. | |
| <input type="checkbox"/> a. Name, change or update your beneficiary | | | | |
| <input checked="" type="checkbox"/> b. Increase the amount of your insurance coverage | | | | |
| <input type="checkbox"/> c. Reduce the amount of your insurance coverage | | | | |
| <input type="checkbox"/> d. Decline insurance coverage (IRREVOCABLE) | | | | |
| 2. NAME (Last) (first) (Middle) | | | 3. RANK, TITLE, OR GRADE | 4. SOCIAL SECURITY NUMBER |
| Doe Jane Anne | | | Lieutenant Commander | 123-45-6789 |
| 5. BRANCH OF SERVICE (Do not abbreviate) | | 6. CURRENT DUTY LOCATION | | |
| United States Coast Guard Reserve | | USCG HQ 2100 Second St., SW Washington, DC 20593-0001 | | |
| 7. AMOUNT OF INSURANCE | | | | |
| By law, you are eligible for the basic benefit of \$1,000. If you want \$1,000 of insurance, skip to Item 8, "Beneficiary(ies)/ Designated Recipient (B/DR) and Payment Options." If you want less than \$7,000 of insurance, please mark (X) block a. below and write the amount desired and your initials. Coverage is available in the following amounts: \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, or \$5,000. If you want additional coverage above the \$1,000 amount, mark block a. and write in the exact amount desired in \$500 increments up to the maximum amount allowable. If you do not want any insurance, mark block b. below and write (in your own handwriting), "I do not want insurance." Actual benefit amounts are subject to periodic adjustment. | | | | |
| <input checked="" type="checkbox"/> a. I want coverage in the amount of \$ 1,500.00 . Your initials: JAD | | | | |
| <input type="checkbox"/> b. (Write "I do not want insurance.") | | | | |
| NOTE: Once enrolled, you may reduce the amount or stop your participation at any time. However, you cannot increase your coverage. A decision to decline coverage or terminate your enrollment is generally irrevocable. | | | | |
| 8. BENEFICIARY(IES) /DESIGNATED RECIPIENT (B/DR) AND PAYMENT OPTIONS | | | | |
| I designate the following person or entity to receive payment of my insurance proceeds. I understand that the principal B/DR(s) will receive payment upon my death. If a designation is not made, a valid claim will be payable in accordance with laws of the State of the member's domicile. | | | | |
| COMPLETE NAME (first, middle, last) OF EACH BENEFICIARY a. | ADDRESS (Street, Apartment No., City, State, and ZIP Code) b. | SOCIAL SECURITY NUMBER (if known) c. | RELATIONSHIP TO YOU d. | SHARE TO EACH BENEFICIARY (Use %, \$ amounts or fractions) e. |
| BENEFITS WILL BE PAID TO: | | | | |
| 1) Jane Anne Doe | 1234 1st Ave, NE Washington, DC 20593-0001 | 12345-6789 | Same | 100% |
| 2) NONE | SAMPLE | | | |
| PRINCIPAL B/DR | | | | |
| 1) Mrs. Jane Marie Doe | 128 Marbury Way Savannah, GA 31410 | 234-56-7890 | Mother | 100% |
| 2) NONE | | | | |
| 9. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THIS FORM. I ALSO UNDERSTAND THAT: | | | | |
| <ul style="list-style-type: none">• This form cancels any prior beneficiary/designated recipient or payment instructions.• The proceeds will be paid to B/DR(s) as stated in Paragraph 2 of the instructions, unless otherwise stated above.• If I have legal questions about this form, I may consult with a military attorney at no expense to me.• Maximum coverage amount available as of this date is \$ 5,000.00 Your initials: JAD | | | | |
| a. YOUR SIGNATURE (Sign in ink. Do not print.) | | | b. DATE | |
| Jane A. Doe, LCDR, USCGR | | | October 15, 1996 | |
| 10. (Do not write in space below - for official use only.) | | | | |
| a. WITNESSED AND RECEIVED BY James T. Chief | b. RANK, TITLE, OR GRADE YNC | c. ORGANIZATION U.S. Coast Guard | d. DATE RECEIVED October 15, 1996 | |

DIRECTIONS TO PERSONNEL CLERKS OF THE MILITARY SERVICES

1. Complete all appropriate items on the election form. All entries, except the signature and those requested to be in the member's own handwriting, must be typed or printed in ink. An original and at least one copy, which are the official copies, must bear an original signature of both the member and the witness.
2. Make sure the name(s) of one or more principal B/DR(s) appear in Item 8, "Beneficiary(ies)/Designated Recipient (B/DR) and Payment Options", if desired. Include the address and Social Security number, if available, for the B/DR(s) and their relationship to the member (e.g., father, sister).
3. An authorized agent of the Military Service must witness the signature of the member. This representative must sign his or her name below that of the member and should put the date he or she signed the form.
4. This form, properly executed, is authority to a payroll office to change the deductions for insurance premiums or to not make such deductions, if the amount of insurance is changed or cancelled.
5. Inform all members that if they have questions about this form that they may obtain the advice of a military attorney at no expense to the member.
6. Disposition of copies: Reproduce official copies before signing and circle distribution on bottom right of form. Wording and format of form may not be altered. Forms altered from the original wording or format are subject to acceptance by the Military Service.

S A M P L E

Copy 1 - Must be promptly filed in the official personnel file of the member.

Copy 2- To member. Certificate of coverage.

CoPy 3- FOR USE BY THE RESERVE COMPONENT OF THE MILITARY SERVICES